

Group # _____ (staff use only) Date Received _____

Christ Community Covenant Church VBS Registration Form

June 26th -30th, 2017 Children must be 3 years old by June 26, 2017

Cost is \$35 per child (\$105 max per family)

Registration must be received by June 2nd to guarantee a t-shirt

Child's Name _____

Gender M _____ F _____ Birthdate ____/____/____ Grade Fall '16 _____

Parent's Full Names _____

Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Allergies, Food, and any other _____

Home Church _____

What School does your child attend? _____

One friend in same grade your child would like to be with _____

Is this your first time at 4Cs' VBS? _____

T-shirt size:

Youth 6-8 (small) _____ Youth 10-12 (medium) _____ Adult SM _____

Adult Medium _____ Adult Large _____ Adult XL _____

Emergency contact:

Name _____ Phone _____ Relationship _____

Alternate Pick-up 1:

Name _____ Phone _____ Relationship _____

Alternate Pick-up 2:

Name _____ Phone _____ Relationship _____

_____ I am requesting a scholarship for the entire \$35 registration fee.

_____ Am requesting a scholarship in the amount of \$_____.

For staff use only: T-shirt Received _____ Total Amount Paid _____ Check# _____
Scholarship approved by: _____ in the amount of \$_____

Please flip page over to sign release form

VBS Release Form

Medical Release: I hereby authorize the treatment of the minors registered on this form for VBS by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said child is participating in a church program.

_____ (Initial)

Insurance Release: I realize Christ Community Covenant Church insurance begins where the individual's health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

_____ (Initial)

Personal Belonging Release: I realize that Christ Community Covenant Church is not responsible for personal belongings.

_____ (Initial)

Discipline Release: If in the event of repeated misconduct, I authorize the staff to send my student(s) home at my expense.

_____ (Initial)

Video/Photography Release: I hereby grant 4Cs and its representatives permission to use, without compensation or restriction, photographs and videotape images in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

_____ (Initial)

General Release: The undersigned or a member of the immediate family of the undersigned realizes that the participant(s) may incur personal injury or bodily damage while participating in such activities, and acknowledge that Christ Community Covenant Church, its officers and its directors, and its employees, its agents, and any parties volunteering on behalf of Christ Community Covenant church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of our related to any activity of Christ Community Covenant Church. The undersigned or a member of the immediate family of the undersigned further acknowledges this is a full and complete release for all injuries and damages which the participant(s) may sustain as a result of participation in any church activity.

I, _____ being the legal guardian of the minors registered on this form for VBS, give my permission for the minors registered on this form for VBS to participate in Vacation Bible School sponsored by Christ Community Covenant Church.

Insurance Company or Group: _____

Policy Number: _____

Signature of Parent or Guardian: _____ Date _____